

Purpose Finding the psychometric properties of the original Toronto Alexithymia Scale to be flawed, developers created the TAS-20 – a revised measure consisting of 20 items divided into three separate factors, or domains of alexithymia. These factors are: the ability to identify feelings and to distinguish them from physiological sensations, the capacity to communicate those feelings to others, and the tendency to exhibit externally oriented thinking. Recent studies suggest that alexithymia may be particularly relevant to experiences of sleep: TAS-20 scores correlate highly with self-report measures of sleep quality [1], while polysomnographic evaluations have demonstrated decreased deep sleep in individuals with alexithymia [2]. Thus, sleep specialists may find the TAS-20 useful in identifying underlying causes of sleep complaints, in developing treatment plans, and in understanding patient motivations (for example, the ways in which cognitive factors may relate to CPAP compliance).

Population for Testing In a validation study conducted by developers [3], ages of student and patient participants ranged from 20 to 66 years.

Administration The self-report, pencil-and-paper scale requires between 5 and 10 min for administration.

Reliability and Validity According to developers' extensive evaluations of the scale's psychometric properties [3, 4], the TAS-20 possesses an internal consistency of .81 and a test-retest

reliability of .77. Results on the TAS-20 were negatively correlated with measures of openness to experience and assertiveness.

Obtaining a Copy An example of the scale's questions can be found in the original article published by developers [3].

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Scoring Respondents use a five-point, Likert-type scale to indicate how well each item describes them. The scale ranges from 1 ("strongly disagree") to 5 ("strongly agree"), though five items are reversed to control for acquiescent responding. Higher scores denote more severe alexithymia.

References

1. De Gennaro, L., Martina, M., Curcio, G., & Ferrara, M. (2004). The relationship between alexithymia, depression, and sleep complaints. *Psychiatry Research*, 128(3), 253–258.
2. Bazydlo, R., Lumley, M. A., & Roehrs, T. (2001). Alexithymia and polysomnographic measures of sleep in healthy adults. *Psychosomatic Medicine*, 63, 56–61.
3. Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994a). The twenty-item Toronto alexithymia scale—I. Item selection and cross-validation of the factor structure. *Journal of Psychosomatic Research*, 38(1), 23–32.

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- Tani, P., Lindberg, N., Joukamaa, M., Nieminen-von Wendt, T., von Wendt, L., Appelberg, B., Rimón, R., & Porkka-Heiskanen, T. (2004). Asperger syndrome, alexithymia and perception of sleep. *Neuropsychobiology*, 49(2), 64–70.

Representative Studies Using Scale

- Bazydlo, R., Lumley, M. A., & Roehrs, T. (2001). Alexithymia and polysomnographic measures of sleep in healthy adults. *Psychosomatic Medicine*, 63, 56–61.